

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Old et al

Examiner: Not known

Serial No.: Applied for

Group Art Unit: Not known

Filed: Submitted herewith

For: CYCLOHEXYL PROSTAGLANDIN
ANALOGS AS EP₄-RECEPTOR AGONISTS

NATIONAL STAGE PCT APPLICATION TRANSMITTAL LETTER

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Return/postage paid Postcard
- (x) Transmittal Letter - 4 pgs
- (x) Specification (45 pages total) consisting of 30 Claims (9 pgs) and Abstract (1 page)
- (x) Drawings (5 sheets)
- (x) Copy of Declaration/Power of Attorney
- (x) Copy of Recorded Assignment with Recordation Cover Sheet

Dated: 1/18/06

Brent A. Johnson

BRENT A. JOHNSON
Registration No. 51,851

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on 1/19/06 in an envelope as "Express Mail Post Office To Addressee" mailing label number 961612514243 with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 1/19/2006

BONNIE FERGUSON
Name of person mailing paper

Bonnie Ferguson
Signature of person mailing paper

**REQUEST FOR COMMENCEMENT OF THE NATIONAL STAGE OF A PCT APPLICATION
UNDER 35 U.S.C. § 371**

To the Commissioner for Patents:

This is a request for commencement of the national stage under 35 U.S.C. § 371 of PCT application PCT/US2004/026607, filed on August 16, 2004, which claims priority to Serial No. 10/652,634 filed on August 28, 2003 entitled CYCLOHEXYL PROSTAGLANDIN ANALOGS AS EP₄-RECEPTOR AGONISTS by the following named inventor(s):

1	Full Name of Inventor	Last Name: Old	First Name: David	Middle Name: W.	
	Residence and Citizenship	City: Irvine	State or Foreign Country: California	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 13771 Typee Way	City: Irvine	State or Country: California	Zip Code: 92620
2	Full Name of Inventor	Last Name: Burk	First Name: Robert	Middle Name: M.	
	Residence and Citizenship	City: Laguna Beach	State or Foreign Country: California	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 1337 Cerritos Drive	City: Laguna Beach	State or Country: CA	Zip Code: 92651
3	Full Name of Inventor	Last Name: Dinh	First Name: Thang	Middle Name: D.	
	Residence and Citizenship	City: Garden Grove	State or Foreign Country: California	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 11531 College Ave.	City: Garden Grove	State or Country: California	Zip Code: 92840

Applicants expressly request that the national stage of processing commence as soon as the application is in order for such purpose and the applicable requirements of 35 USC § 371(c) have been complied with.

Please cancel any amendments which have been made to the claims under Article 19 or Article 34 of the PCT.

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a Specification (45 pages total) consisting of 30 Claims (9 pgs) and Abstract (1 page)

Oath or Declaration

(X) Enclosed is a copy of fully executed oath or declaration.

() Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic National Fee (37 CFR 1.492(a))			\$300.00	\$300.00
Examination Fee (37 CFR 1.492(c) - all other situations			\$200.00	\$200.00
Search Fee (37 CFR 1.492(b) - International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB			\$400.00	\$400.00
Total Claims in Excess of 20	00	minus 20 = -0- x	\$50.00	\$0.00
Independent Claims in Excess of Three	00	minus 3 = -0- x	\$200.00	\$0.00
If application contains any multiple dependent claims, then add			\$360.00	\$0.00
Total Sheets	0	minus 100 -0-	\$50.00	\$0.00
Utility Application Size Fee - for each additional 50 sheets that exceeds 100 sheets		= -0- x	\$250.00	\$0.00
Processing Fee			\$130.00	\$0.00
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) \$40.00 per property			\$ 40.00	\$0.00
TOTAL FILING FEE				\$900.00

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

(X) A copy of the recorded Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

(X) New drawing(s) are enclosed 5 sheets.

() A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

() A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

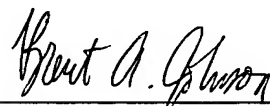
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.
- () A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

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Respectfully submitted,

Date: 1/18/06


Brent A. Johnson
Registration No. 51,851
Patent Agent of Record